BEST AVAILABLE COPY

| | PATENT | ON FEE | ORE | , | A | pplication | on.or | Docket No | umber | | | | | | |
|--|---|-------------------------------------|------------------------------|--------------|--------|--|------------------|-----------|-------------------|------|------------------------|------------|----------------|------------------------|--|
| CLAIMS AS FILED - PART I (Column 1) (Column 2) | | | | | | | | | SMALL ENTIT | | | | OTHER THAN | | |
| F | OR | | NUMBER FILED | | | NUMBER EXTRA | | | RATE | | FEE | 7 | RATE | FEE | |
| В | ASIC FEE | | | | | | | | | | 380.00 | OF | 3 | 760.00 | |
| TOTAL CLAIMS | | | 12 | | | • | |] | X\$ 9= | • | | OF | X\$18= | | |
| INDEPENDENT CLAIMS | | | 3 | | | <u> </u> | | | X39= | | | OF | X78= | | |
| MULTIPLE DEPENDENT CLAIM PRESENT | | | | | | | | | +130= | | | ٦ | +260= | | |
| * If | * If the difference in column 1 is less than zero, enter "0" in column 2 | | | | | | | | | 4 | | OF OF | ` | 760 | |
| CLAIMS AS AMENDED - PART II | | | | | | | | | | 1 | | | - | R THAN | |
| | | | ımn 1) NMS | <u> </u> | | olumn 2) | (Column 3) | SMAL | | | NTITY | OR | | ENTITY | |
| AMENDMENT A | | REM/ | NING TER DMENT | | PF | HIGHEST NUMBER REVIOUSLY PAID FOR | PRESENT EXTRA | | RATE | | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE | |
| | Total - | * | | Minus | | | = | | X\$ 9= | I | | OR | X\$18= | | |
| AM | Independent FIRST PRESI | * | N OF MI | Minus | PENC | | = | | X39= | T | | OR | X78= | | |
| _ | | | it Of Wit | DETIFEE DE | PENL | ENT CLAIM | | | +130= | 1 | | OR | +260= | | |
| | | | | | | | | L | TOTA | | | 1 | TOTAL | | |
| | | | mn 1) | | (0 | olumn 2) | (Column 3) | ^ | DDN. PEI | | | J | ADDIT. FEE | | |
| DMENT B | | REMA AF | UMS UNING TER OMENT | | PR | HIGHEST NUMBER EVIOUSLY PAID FOR | PRESENT EXTRA | | RATE | | ADDI- IONAL FEE | | RATE | ADDI- TIONAL FEE | |
| Σl | Total | • | | Minus | ** | | = | | X\$ 9= | T | , <u></u> | 0 | X\$18= | <u>ree</u> | |
| AME | Independent | • | | Minus | | | = | t | X39= | t | | OR | X78= | | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | | | | | | | | |
| | | | | | | | | L | +130= TOTAL | - | | OR | +260= TOTAL | | |
| (Column 1) (Column 2) -(Column 3) | | | | | | | | | DIT. FEE | L | | OR , | ODIT. FEE | | |
| J | | CLA | MS | | | olumn 2) - | (Column 3) | _ | | | | _ | | | |
| ENDMENT | | REMA AFT AMEND | ER | | PRI | UMBER EVIOUSLY AID FOR | PRESENT EXTRA | | RATE | TI | DDI- ONAL FEE | | RATE | ADDI- TIONAL FEE | |
| | Total | • | | Minus | ** | • | 2 | | X\$ 9= | | | OR | X\$18= | | |
| 5 L | Independent | + | | Minus | *** | | = | | X39= | | | | X78= | | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | | | - | | OR OR | +260= | | |
| 11 | If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." | | | | | | | | | _ | | L, | TOTAL | | |
| 11 | AM LIGUEST KITI | Tiper Prev | nuelv Pai | M EAT IN THI | C CDA/ | `E in Inna Man | 0 | ADI | TOTAL DIT. FEE | | | OR A | DOIT EEE I | | |
| | he "Highest Num | · · · · · · · · · · · · · · · · · · | -wy raw | O GIOLES OF | unepi | मध ार) is ine l | nignest number (| Tound | in the ap | prop | riate box | in colu | mn 1. | | |